

HAWAII STATE ETHICS COMMISSION
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RECEIVED



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STATE DE HARAGE STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

PARTI LOBBYIST	(1))50 0117	tht Cleany)	
NAME(Last)	(First)	(Middle)	TELEPHONE
Ho	HARRY	X .	(808) 951-1582
MAILING ADDRESS (Street)			FAX
P.O. BOX 373	3 44		SAME AS ABOVE
(City)	(State)		(Zip Code)
Horsowlu	Howsii		76837
EMPLOYING ORGANIZATION (Fill i	n only if you are employed by a business er	ntity which has been retained to lob	by) TELEPHONE
OCEANIC TN.	STITUTE		(800) 259 - 3191
MAILING ADDRESS (Street)			FAX
41-202 KA	lanianaove Hu	<i>U</i> Y	(008) 259 - 5971
(City)	(State)		(Zip Code)
WAIMANALO	Hawaii	9	6795

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
THE OCEANIC IN	(808) 259-3191		
MAILING ADDRESS (Street)	FAX		
41-202 KALAN	(808)259-5971		
(City)	(State)	(Zip Code)	
WAMMINSO	Hawaii	96795	
NAME OF PERSON RESPONSIBLE FOR P	REPARING ORGANIZATION'S EXPENDITURES STATEMEN	T TELEPHONE	
CYRUS SIV		(808) 259-3101	
MAILING ADDRESS (Street)		FAX	
41-202 KALANIANAOLE HWY.		(808) 259 - 5971	
(City)	(State)	(Zip Code)	
WAIMANALO	HAWMI	96795	

8082599762

Agriculture Education Human Services Science, Technology &	PART III DESCRIPTION	OF SUBJECTS UPON WHICH	H YOU EXPEC	T TO LOBBY		
Public Utilities Finance International Affairs Consumer Protection & Hawalian Affairs Labor & Employment Transportation Commerce Culture, Arte, Historic Health Planning, Land & Water Use Management Other: (indicate below) Ecology, Energy Housing Public Safety & Corrections Ecology, Energy Housing Public Safety & Corrections PART IV CERTIFICATION OF LOBBYIST Interdupositify that the information furnished above is, to the best of my knowledge, correct and complete.					l İ	Science, Technology & Economic Development
Commerce Culture, Arts, Historic Health Planning, Land & Water Other: (indicate below)						Tourism & Recreation
PART IV CERTIFICATION OF LOBBYIST I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED NAME OF ORGANIZATION (if applicable) THE OCCAPIC JUSTITUTE MAILING ADDRESS (Street) A1 - 207 CAMALL ALCOLD HAY. (City) (City) (City) (City) (City) (State) (State) (State) (Zip Code) WALMALSALO HAWRII (State) (Zip Code)		Hawaiian Affairs	Labor & F	Employment	1	Transportation
PART IV CERTIFICATION OF LOBBYIST I hereby-certify that the information furnished above is, to the best of my knowledge, correct and complete. HO HO (Date) PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED NAME OF ORGANIZATION (if applicable) THE OCCALL C JUSTITUTE MAILING ADDRESS (Street) 41 - 202 EMMH ALACK HWY. (State) (City) (City) (State) (City) (City) (State) (City) (City) (State) (City) (City) (State) (City) (City) (City) (State) (City) (C		Health			1 1	Other: (indicate below)
I hereby earlify that the information furnished above is, to the best of my knowledge, correct and complete. HAS 4, 2003 (Signature of Lobbyist) PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED NAME OF ORGANIZATION (if applicable) THE OCCALL C JUSTITUTE MAILING ADDRESS (Street) FAX (100) 259 - 7951 (City) (State) (Zip Code) WALMANALO I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		Housing	Public Sa	afety & Corrections		
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(Signature of Lobbyist) (Signature of Lobbyist) PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED NAME OF ORGANIZATION (if applicable) THE OCCAL C TAGTITUTE (BOB) 259 - 7951 MAILING ADDRESS (Street) FAX (BOB) 259 - 5971 (City) (State) (State) (Zip Code) WALMAJALO HAWRII 1 hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	PART IV CERTIFICATION	OF LOBBYIST				
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(City) (State) (Zip Code) WALMANALO HAWAN 96795 I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	MAILING ADDRESS (Street)			FAX		
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I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	(City)	(State)		(Zlp Code)	***	
	WAIMANALO	Hawkii a				
4 SIGNATURE OF AUTOLIZING CIRCULT PRISON REDIESENTED) (1)274)						e undersigned.